



# University of Chester



**This work has been submitted to ChesterRep – the University of Chester's  
online research repository**

**<http://chesterrep.openrepository.com>**

Author(s): Mary Steen

Title: The maze of midwife practice

Date: November 2005

Originally given at: RCM Professional Discussion Forum in Birmingham

Example citation: Steen, M. (2005). *The maze of midwife practice*. Unpublished conference presentation given at the RCM Professional Discussion Forum in Birmingham, 2005

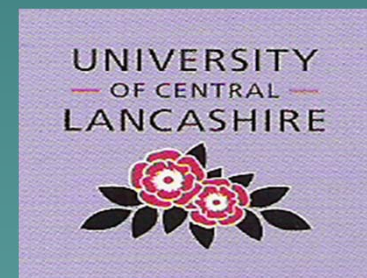
Version of item: Given at conference

Available at: <http://hdl.handle.net/10034/49043>

# The Maze of Midwife Practice



Dr Mary Steen  
Research Fellow  
RCM/UCLAN



# The Role of the Midwife

- ◆ Primary caregiver, knowledge/skills lies within the care of normal pregnancy, birth and afterbirth.
- ◆ The diagnostic skills to identify deviations from the normal and refer appropriately.
- ◆ Where obstetric or other medical involvement is necessary, the midwife continues to be responsible for providing holistic support and continuity of care.
- ◆ To ensure that women and their babies receive the care they need in pregnancy, childbirth and in the postnatal period

# The role of the Midwife

- ◆ The role of the midwife, her/his functions and scope of practice is well established in statute
- ◆ Within the statutory framework there is considerable scope for flexibility in the interpretation of the role
- ◆ Often shaped by changes in women's needs and in the political and social environment.



Midwives



Expert

Specialist

Obstetric Nurses

# Expert, Specialist, Obstetric Nurses

## Expert

- ◆ A person with special skills or training in any art or science'

## Specialist

- ◆ A person who concentrates on a particular area of study or activity

## Obstetric nurse

- ◆ A person who is trained and skilled to assist the obstetrician
- 
- A stylized silhouette of a mountain range in shades of teal, located in the bottom right corner of the slide.

A midwife working on a  
postnatal ward states  
'sometimes it feels like a  
surgical ward with Babies'.  
Remmers (2001)

Remmers A (March 2001)  
MIDIRS Midwifery Digest vol 1,  
supplement 1 ps1.

# Essential Midwifery Practice

## Firstly, hinges on autonomy

- ◆ Where midwives are autonomous, more likely to be practising as a midwife

(e.g. birth centres, caseloads schemes, primary care environments, research, teaching)



# Essential Midwifery Practice

- ◆ **Secondly, the focus is on normality**

Where midwives are focusing on normality (e.g. birth centres, caseloads schemes, primary care environments, research, teaching, **plus hospitals with this focus**) **consultant midwives play an important role**

# Essential Midwifery Practice

**Thirdly, the focus is on holistic care**

- ◆ Where midwives are focusing on holistic care in all areas
- ◆ Includes high risk areas where a midwife operates from both a biomedical model and social model (e.g. specialist roles)

# Essential Midwifery Practice

**Fourthly, the focus is on the woman**

- ◆ Where midwives alignment is with women
- ◆ Not institution

(e.g. public health roles, educational roles)

**Finally, the focus is on respecting differences**

Where midwives careers have lead them to be either working in high risk areas, in specialist roles, community setting, birth centres

Important to recognise

**'every midwife matters'**

# The Balancing Act

- ◆ In my view, deep within the vast majority of practising midwives, **lives these ideals**
- ◆ Midwives are realist in this current climate
- ◆ What's on offer for the majority of midwives in the UK?
- ◆ A centralised model of care that is largely obstetrically led,
- ◆ Midwives make the most of an imperfect situation by doing what they can within these constraints
- ◆ They are practising midwifery but often not as they would like.

# Demands

- ◆ Multiple roles
- ◆ Advocate for women
- ◆ Informed choice
- ◆ Modernisation of NHS
- ◆ Public health agenda (diet, smoking, healthy life styles)
- ◆ Contraception
- ◆ Sexual health (HepB,HIV)
- ◆ Disadvantaged women
- ◆ Multi-ethnic population
- ◆ Multi-cultural
- ◆ Effective communication
- ◆ Evidence-based practice
- ◆ 'Seamless Service'
- ◆ Professional accountability
- ◆ PREP

# Constraints

- ◆ Practising within particular frameworks
- ◆ No. of midwives
- ◆ Time and pressure of work
- ◆ low morale
- ◆ 24 hr commitment
- ◆ Conflict between women's choice and local policies
- ◆ Medicalisation of childbirth
- ◆ Authoritarian approach
- ◆ Culture of blame
- ◆ Bullying
- ◆ Own family responsibilities
- ◆ lack of resources

# Risk of Burnout

## Midwife and Stress

- ◆ Evidence, stressful nature of modern midwifery
- ◆ Models of care that seek greater continuity of care place extra demands on Midwives
- ◆ Shift work, long hours, on-calls, managerial changes, limited resources threaten the quality of midwives work
- ◆ Reduce their capabilities by undermining their physical and health needs
- ◆ Burnout associated with emotional exhaustion, depersonalisation and diminished personal accomplishment

# Offset Burnout

- ◆ Potential to offset burnout if midwives are able to exert a reasonable amount of control over their work and decision making
- ◆ Over 50% of midwives work part-time
- ◆ Improving working lives, has had an impact in some areas, more flexibility around working hours, career breaks etc.
- ◆ Supportive role of your supervisor



# Midwifery profession strives for:

- ◆ Providing effective midwifery care
- ◆ Improving quality and health outcomes
- ◆ Undertaking evaluation and research
- ◆ Leading and developing practice
- ◆ Innovating and changing practice
- ◆ Developing self and others
- ◆ Working across professional and organisational boundaries

# Changing Childbirth (DoH, 1993)


- ◆ Recommended that maternity services should offer choice and control to pregnant women and their families.
- ◆ It also recommended that services should be sensitive; individualised according to need; respectful; accessible and community-based wherever possible.



# Vision 2000 RCM

- ◆ A service which listens to women
- ◆ A focus on public health
- ◆ A community orientation
- ◆ Integration across acute and community sectors
- ◆ Normality
- ◆ Midwifery led care
- ◆ Maximised and targeted continuity of carer
- ◆ Dedicated one-to-one midwifery care in labour
- ◆ Family-centred care
- ◆ Clinical excellence
- ◆ Midwifery leadership
- ◆ Partnership

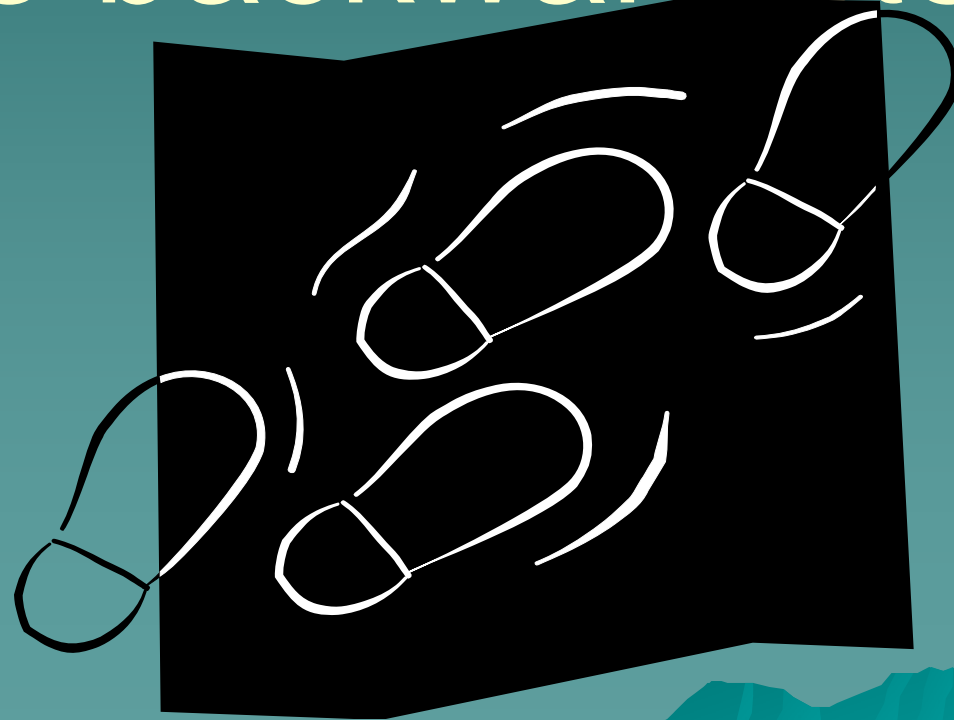
# National Campaign for Normal Birth

- ◆ The big push for normal birth
  - ◆ Together we can change the way childbirth happens
  - ◆ The campaign aims to inspire and support normal birth practices
  - ◆ It is a reminder that positive birth experiences can happen despite the constraints and challenges midwives are faced with.
- 
- A stylized, layered mountain range graphic in shades of teal and blue, located in the bottom right corner of the slide.

# How are midwives going to achieve this?



Lots of little steps  
forward make great  
progress even if some  
are backward steps



# Maternity Support Workers

- ◆ Emerging in many areas of the UK in response to staff shortages.
- ◆ The MSW are supporting the delivery of quality of care, midwives are happy to include them as part of maternity care team
- ◆ In other areas they role may be serving to undermine the midwifery and lead to role confusion for both staff and service users

# Midwifery Leadership

- ◆ Midwifery leaders are essential for advancing the midwifery profession
- ◆ Midwifery managers at the centre of maternity strategic and decision making
- ◆ Credible, be empowered to motivate and enthuse midwives
- ◆ Supervision has leadership qualities and there is evidence that midwives value this.  
(Stapelton et al, 1998)



# Midwives need, E's

- ◆ Encouragement
- ◆ Empowerment
- ◆ Effort
- ◆ Enthusiasm
- ◆ Energy
- ◆ Evidence
- ◆ Excellence

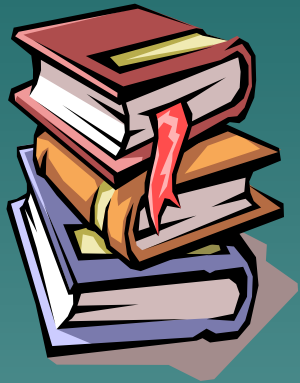


# How will we measure success?



- ◆ Building on already established good practice
- ◆ Involving mothers in their own care
- ◆ Evaluating new ways of working
- ◆ Involvement in the wider NHS
- ◆ Dissemination of examples of good practice

# It is important to remember!



- ◆ A midwife is the only health professional educated and trained specifically for both the advisory and the clinical aspects of pregnancy, labour and the puerperium (Chalmers, et al, 1989)
- ◆ It must be recognised that some midwives feel more suited to working in hospital whilst others determine very early in their career that community, or a birth centre is where they want to work

# Midwifery in the 21<sup>st</sup> Century

- ◆ Uncertainty and definite changes
- ◆ Autonomy, normality, holistic approach, being with woman, respect for differences in the profession need to be at the heart of midwifery.
- ◆ Have faith in your abilities be a united profession and midwives will go from strength to strength.

